

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 04/25/01 and 06/07/01?
- b. The request was received on 03/01/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 04/29/02
 - b. HCFA-1500s
 - c. EOBs
 - d. Reimbursement data
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60
 - b. HCFA-1500s
 - c. Audit summaries/EOB
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 05/03/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 05/08/02. The only response from the insurance carrier is the 3 day response which was received on 03/01/02. The carrier did not submit a 14 day response.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The provider has not properly been reimbursed for services associated with an epidural steroid injections.
2. Respondent: no position statement submitted

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only dates of service eligible for review are 04/25/01 and 06/07/01.
2. The carrier's EOBs have the denials, "M – REDUCED TO FAIR AND REASONABLE" and "D – REIMBURSEMENT FOR UNILATERAL OR BILATERAL PROCEDURES IS BEING WITHHELD AS THE MAXIMUM NUMBER OF OCCURENCES FOR A SINGLE DATE OF SERVICE OR MAXIMUM LIFETIME FOR THE CLAIM HAS BEEN EXCEEDED."
3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT CODE | BILLED | PAID | EOB Denial Code | MARS | REFERENCE | RATIONALE: |
|----------------------|-------------|----------------------|----------------------|-----------------|------------|---|---|
| 04/25/01 06/07/01 | 76499-27-22 | \$400.00 \$350.00 | \$105.60 \$105.60 | M M | DOP DOP | Texas Workers' Compensation Commission Act & Rules, Sec. 413.011(d), Rule 133.304(i)(1-4); MFG, GI (III), CPT & modifier descriptors | Commission Rule 133.304 (i)(1-4) requires the carrier to explain their methodology in determining fair and reasonable. The carrier has not submitted a response, but the provider's dispute packet, contains a reference to the carrier's methodology. The carrier bases its reimbursement on the MAR of CPT code 76000-27, which is \$88.00 plus 20%. The MFG, GI (III)(A) states, "(DOP) in the ... (MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill." The provider has submitted EOBs from other carriers to document fair and reasonable reimbursement and comply with the criteria of Sec. 413.011(d) of the Texas Labor Code. However, recent SOAH decisions have placed minimal weight to EOBs for documenting fair and reasonable reimbursement. Therefore, based on the documentation available for review, no additional reimbursement is recommended |
| 06/07/01 | 76499-27 | \$300.00 | \$0.00 | D | DOP | Texas Workers' Compensation Commission Act & Rules, Sec. 413.011(d), Rule 133.304(i)(1-4); MFG, GI (III)(A), CPT & modifier descriptors | The MFG, General Instructions (III)(A) states, "(DOP) in the maximum allowable reimbursement (MAR) column indicates that the value of this service shall be determined by written documentation..." On the date of service in dispute, the medical report does not contain sufficient documentation of the billed DOP procedure. Therefore, no reimbursement is recommended. |
| Totals | | | | | | | The Requestor is not entitled to additional reimbursement. |

The above Findings and Decision are hereby issued this 11th day of June, 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.